ORD / RTP LABORATORY DECONTAMINATION CERTIFICATION

Date: _____ Lab/Div/Branch: _____ Room Number: _____

Principal Investigator: _____

Primary historical lab use (e.g. tissue culture, radiation, mercury):_____

Investigator's Initials	Decontamination
	Chemical Agent Work Area *(Note: See additional procedures below for radiological use laboratories)*
	Wipe each of the following areas with soap and water, followed with a complete wipe down with 50% ethanol solution:
	(a) All counter tops where laboratory work has been conducted.
	(b) All laboratory sinks.
	(c) All shelves where chemicals have been stored, including the inside of flammable cabinets, acid / base storage cabinets.
	(d) Chemical Fume Hood work surface, sash, and walls (Note: some fume hoods contain "transite" panels which contain asbestos, consult the ORD SHEM office for specific procedures for transite.)
	(e) Cabinet doors below lab counter tops.
	(f) Floors, projecting 3 feet from work surfaces (area where investigators would stand while working in the lab)
	(g) Additional area(s) with potential contamination (microwaves, refrigerators): _____
	Biological Agent, Recombinant DNA, and Animal Work Area *(Note: See additional procedures below for radiological use laboratories)*
	Wipe each of the following areas with soap and water, followed with a complete wipe down with a10% bleach solution:
	(a) All counter tops where laboratory work has been conducted.
	(b) All laboratory sinks.
	(c) All areas where biological agents, animals, or recombinant DNA have been stored.
	(d) Biological safety cabinet work surface, sash, and walls.
	(e) Cabinet doors below lab counter tops.
	(f) Floors, projecting 3 feet from work surfaces (area where investigators would stand while working in the lab)
	(g) Additional area(s) with potential contamination: _____
	Radiological Work Area
	Perform laboratory exit survey and provide results to Radiation Safety Officer (RSO)

I certify that this laboratory has been thoroughly cleaned and decontaminated.

_____ _____
Principal Investigator (Signature) Date

_____ _____
ORD SHEM Inspection (Signature) Date

DO NOT REINTRODUCE HAZARDOUS AGENTS INTO THIS LABORATORY AFTER FINAL DECONTAMINATION